ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION				
O.I.P.E. CLASSIFIER		49	10/2-101	
FORMALITY REVIEW	MM	920	10-18-21.	
RESPONSE FORMALITY REVIEW	de	861	12-11-01	

INDEX OF CLAIMS

•	Rejected	N	Non-elected
=	Allowed	1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

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Ciaim Date	Claim	Date	Claim	Date					
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18	68	 	118	 					
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23	73		123						
24	74	┨╍╏═╏ ╌╏╌╏	124	├┤┤┤┤┼					
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29	79		129						
30	80		130						
31	81		131						
32	82	 	132	╼┨┦┈┼╌╂╌╂╼┦					
33	83	+-+-+-	133	┌╌╂╼┼╌╂╌╂╌╂╌┼					
35	85	 	135						
36	86		136						
37	97		137						
38	86		138						
39	89		139						
40	90		140						
41	91		141						
42	92		142	╶┼┼┼┼┼┼┼┼					
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45	95	 	145	┈┧╌╽┈╽╺┫ ╾┤ ╶╊╺┩ ╌┤					
46	96	 	146						
47	97		147						
48	98		148						
49	99		149	╼╅╌╎╶┼╌┼╌┼╼╇╾┤					
50	hod		150						

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If more than 150 claims or 10 actions staple additional sheet here

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